



State of New Hampshire
Department of Health & Human Services
Office of Community & Public Health
Bureau of Radiological Health

Application for Reciprocal Recognition of Out-of-State Radiation Machines
(Such machines do not use radioactive material)

1. Applicant's name, address, and telephone number:	2. Applicant's state of registration or licensure and registration or license number:
3. Address(es) or location(s) of proposed activities:	4. Proposed date(s) and time(s) of use:
5. Description of proposed activities:	6. Make, model and designed use of machine(s) for proposed activities:
7. Name(s) of equipment operator(s) for proposed activities:	8. Telephone number(s) for in-state operations:
9. Name and title of management representative and date of application:	10. Signature of management representative:

Information and Instructions

Persons proposing to bring a radiation machine (e.g., an x-ray machine) into New Hampshire from out of state on a temporary basis are required to provide the Bureau of Radiological Health with certain information in accordance with the provisions of Section He-P 4040.10 of the New Hampshire Rules for the Control of Radiation (the Rules), part of the state's Code of Administrative Rules. We call this an application for "reciprocity."

In addition to providing the information that section of the Rules requires, there is also a provision in He-P 4070, Fees, for the payment of a fee. The fee is due the first time in each calendar year you apply for reciprocity. The amount due equals one half of the fee for the category of machines (with a single source) you propose to bring into the state. It is due with the first application of the calendar year. Should you propose to bring a machine requiring a higher fee into the state during the same year, you will owe one half of the difference between the annual fees for the two machine categories. The fee schedule is in Table 1 below.

Completion of the form "Application for Reciprocal Recognition of Out-of-State Radiation Machines" is optional. You may supply the same information by letter.

You should apply for reciprocity three business days in advance of the date you want to begin operations in the state. On written application from you, we may agree to waive the application period if such a waiver would be to protect an individual's or the public's health and safety.

The instructions below are keyed to the blocks on the form but apply to a letter as well. If you need to, attach supplementary information to the form.

- Block 1. Provide your organization's name, mailing address, and telephone number. Also include your organization's registration or license number and the state of registration or licensure of the radiation machine(s) (if different from your organization's address).
- Block 2. Provide the state of registration or licensure for your machine(s) and the registration or license number(s).
- Block 3. Provide the physical address(es) and any other necessary identifying information for the location(s) at which the machine(s) will be used. Post office box and rural route numbers are not acceptable. Your description must enable us to find the location(s) of use readily.
- Block 4. Provide the date(s) and time(s) of day during which the machine(s) will be in use.
- Block 5. Describe the proposed activities. Provide sufficient information to allow someone not familiar with your operations to understand what it is you propose to do and to have a reasonable chance to evaluate the safety implications of that activity. Add any additional information reasonably necessary to assure an accurate and timely review of your application.
- Block 6. Provide the make, model and design use of the machine(s) to be used.
- Block 7. Provide the name(s) of the operator(s) of the equipment.
- Block 8. Provide telephone number(s) (if available) at which we can reach the individual(s) named below in Block 6 during the reciprocity period.

Block 9. Provide the name and title of the management representative making application for reciprocity. Also provide the date of the application.

Block 10. Have the management representative sign the form.

If you propose to conduct a program of **healing arts screening** in New Hampshire, the Rules require that you receive prior approval from the Bureau. When requesting such approval, you must provide additional information. The information required is found in He-P 4045.04 of the Rules. A copy of the points to be covered is available on request.

The New Hampshire Rules for the Control of Radiation will govern your operations while in the state. The Rules require, among other things, that:

- Form RHP-5, "Notice to Employees", be posted (or if posting is impossible, that your workers be provided with them);
- Parts He-P 4019 through He-P 4022 of the Rules be posted or otherwise available to your workers on site;
- Your workers be instructed in their rights and responsibilities under the Rules;
- Your workers be provided with written instructions for carrying out their radiation-related duties, that they understand them, and that they are competent to carry them out.

Be aware that your equipment and operations will be subject to unannounced inspection by this Bureau.

Copies of the New Hampshire Rules for the Control of Radiation may be obtained from the Bureau at a cost of \$10.00. They are also available on floppy disk (3.5 inch, PC compatible), if you send us one with a request for the Rules, and *via* email. Write us at:

NH Bureau of Radiological Health
29 Hazen Drive
Concord, NH 03301

For a written copy, please remit the \$10.00 with your letter and include the address to which you wish the Rules sent. We ask that checks be made payable to: **Treasurer - State of New Hampshire**.

If you have questions about this process, the Rules, or related topics, please contact us. Our address is above and we can be reached at:

Telephone 603-271-4588
Facsimile 603-225-2325

You are not authorized to possess or use an out-of-state radiation machine in New Hampshire if you have not notified the Bureau. If you have applied for reciprocal recognition, do not proceed without authorization.

Table 1. Annual Fees for Radiation Machines

For reciprocity, you pay half the applicable amount below.

Type of Radiation Machine	Annual Fee
A. X-ray machines for diagnostic or visualization purposes in the healing arts or veterinary medicine	
1. Radiographic x-ray machines for dental purposes, including, but not limited to, dental intraoral, dental cephalometric, and dental panoramic x-ray machines, and machines combining those functions	\$145
2. Radiographic x-ray machines for podiatric purposes	\$145
3. Radiographic x-ray machines for healing arts or veterinary medicine purposes designed to be portable as defined in He-P 4041.02(bx)	\$145
4. Radiation machines for the generation of non-image information in the healing arts or veterinary medicine, including bone mineral densitometers	\$145
5. Non-portable diagnostic x-ray machines for healing arts or veterinary medicine purposes, including general purpose radiographic machines, mobile x-ray machines, dedicated chest units, conventional and computed tomography machines, veterinary, chiropractic, and mammography machines	\$275
6. X-ray machines with fluoroscopic capability without regard to whether they also have radiographic capabilities, including radiographic-fluoroscopic combination machines, C-arm units, angiographic machines, and therapy simulators	\$400
B. Machines for therapeutic use in the healing arts or veterinary medicine	
1. X-ray machines capable of being used at potentials of 500,000 volts or less	\$500
2. X-ray machines capable of being used at potentials greater than 500,000 volts	\$2000
3. Particle accelerators capable of being used at energies of 500,000 electron volts or less	\$1000
4. Particle accelerators capable of being used at energies greater than 500,000 electron volts	\$2000
C. Machines not used for diagnostic or therapeutic purposes on humans or animals	
1. Particle accelerators	
a. Ion implanters	\$850
b. Irradiators	\$850
c. For the production of radioactive material	\$2500
d. Other accelerators, including research accelerators	\$2000
2. Machines for industrial radiography	
a. Certified or certifiable cabinet industrial radiographic x-ray machines as defined in He-P 4034.03	\$320
b. Other industrial radiographic x-ray machines	\$800
3. Analytical x-ray machines as defined in He-P 4043.03	
a. X-ray fluorescence machines	\$350
b. X-ray diffraction machines	\$350
4. X-ray gauges	\$400
5. Items of electronic equipment that produce radiation incidental to their operation for other purposes and which are not exempt from registration under the provisions of He-P 4040.03(a)	\$100
D. Non-ionizing radiation equipment	
Magnetic resonance imaging machines	\$1000
E. Other circumstances	
1. Radiation machines not otherwise specified above	\$375

(Fee schedule effective July 18, 2003)